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October 20, 2003

FILE NO: 60497.000009

UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket Number: 60497.000009

First Named Inventor: Mark Alan Jackson

Title: Transportable Manufacturing Facility for Radioactive Materials

Customer No. 21967

TO: MAIL STOP PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Attached are the following for filing with the U.S. Patent and Trademark Office:

1. ☒ Fee Transmittal Form (original and duplicate)
2. ☐ Small Entity Status Claimed: ☐ Independent Inventor
☐ Small Business Concern
☐ Non-Profit Organization
☐ Statement Enclosed
☐ Statement Filed in Prior Application; Status Still Proper and Desired
3. ☒ Specification - Total Pages: 16 (Including Claims and Abstract)

MAIL STOP PATENT APPLICATION

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Prior Application No.: _____ filed _____

Prior application information: Examiner _____ Group Art Unit _____

- ☐ Incorporation By Reference (useable if Box 5b is marked)
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered as being part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application papers.

- ☒ Complete Application Based on Provisional Application Nos.: 60/429,325
filed November 27, 2002 and 60/421,564 filed October 28, 2002

19. Please address all correspondence to:

- ☒ CUSTOMER NUMBER 21967

Tyler Maddry
Intellectual Property Department
Hunton & Williams LLP
1900 K Street, N.W.
Suite 1200
Washington, DC 20006-1109

20. ☐ A new power of attorney or authorization of agent (PTO/SB/81) is as follows:
☐ The power of attorney is to:
☐ Please add as power of attorney:
21. ☒ Please charge any discrepancies to Deposit Account No. 070845 (Access Code 7197).

15915 U.S. PTO
102003

FEE TRANSMITTAL

MAIL STOP Patent Application

Complete If Known

Application No.	TBA
Filing Date	10/20/03
First Named Inventor	Mark A. JACKSON
Examiner Name	Not Assigned
Group Art Unit	Not Assigned

Total Amount Of Payment (\$)**1,120.00**

Attorney Docket No. 60497.000009

METHOD OF PAYMENT (check one)

FEE CALCULATION (continued)

1. ☒ The Commissioner for Patents is hereby authorized to charge indicated fees and credit any over payments to **Deposit Account No. 070845 (Access Code is 7197)** in the name of GE Medical Systems.

2. ☐ Check Enclosed. The Commissioner for Patents is hereby authorized to charge any variance between the amount enclosed and the Patent Office charges to **Deposit Account No. 50-0206** in the name of Hunton & Williams LLP, 1900 K Street, N.W., Suite 1200, Washington, D.C. 20006-1109.

FEE CALCULATION

1. **BASIC FILING FEE** ☒ Large Entity ☐ Small Entity

FEE PAID

Utility Filing Fee	\$	770.00
Design Filing Fee	\$	
Plant Filing Fee	\$	
Reissue Filing Fee	\$	
Provisional Filing Fee	\$	

3. ADDITIONAL FEES

Fee Description	Fee Paid
<input type="checkbox"/> Surcharge - late filing fee or oath	\$
<input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet	\$
<input type="checkbox"/> _____ Month Extension of Time	\$
<input type="checkbox"/> Notice of Appeal	\$
<input type="checkbox"/> Filing Brief in Support of Appeal	\$
<input type="checkbox"/> Request for Oral Hearing	\$
<input type="checkbox"/> Utility Issue Fee (or Reissue) (including Publication Fee, if necessary)	\$
<input type="checkbox"/> Design Issue Fee	\$
<input type="checkbox"/> Plant Issue Fee	\$
<input type="checkbox"/> Petition to Commissioner	\$
<input type="checkbox"/> Petition to Revive (Unavoidable)	\$
<input type="checkbox"/> Petition to Revive (Unintentional)	\$
<input type="checkbox"/> Petitions Related to Provisional Applications	\$
<input type="checkbox"/> Submission of Information Disclosure Statement	\$
<input type="checkbox"/> Filing Submission After Final Rejection	\$
<input checked="" type="checkbox"/> Recording Each Patent Assignment Per Property	\$ 120.00
<input type="checkbox"/> Filing Request for Reexamination	\$
<input type="checkbox"/> Other (specify) Fee for Provisional Applications	\$

2. EXTRA CLAIMS FEES

CLAIMS AS AMENDED

For	Number Present	Highest Number Paid For	Extra	Rate		Amount
				Large Entity	Small Entity	
TOTAL CLAIMS	28	20	8	x \$ 18.00	x \$ 9.00	\$144.00
INDEPENDENT CLAIMS	4	3	1	x \$ 84.00	x \$ 42.00	\$ 86.00
MULTIPLE DEPENDENT CLAIMS				\$ 280.00	\$ 140.00	\$ 0.00
TOTAL EXTRA CLAIMS FEES						\$230.00

SUBMITTED BY

Complete (if applicable)

Typed or Printed Name Tyler Maddy

Registration No. 40,074

Signature

Date October 20, 2003